

HOW I DO IT

Completion Thyroidectomy Via the "Retrograde Access"

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Completion thyroidectomy is best defined as removal of any thyroid remnant after an initial operation for a misdiagnosed thyroid neoplasm. It is technically a more difficult undertaking due to inflammation and scarring, thus resulting in a higher incidence of recurrent laryngeal nerve and parathyroid injuries [1,2]. To avoid these problems, a surgical approach to the thyroid remnant, which includes the previous incision but via a "retrograde access," is described.

We perform a collar incision, excising the previous scar, with the superior flap raised to the thyroid cartilage prominence while the inferior flap is down to the supra-sternal notch. The strap muscles, instead of being separated in the midline, are mobilized from the medial borders of sternocleidomastoid muscle (Fig. 1). With the sternocleidomastoid drawn laterally by an assistant, the surgeon using the index fingers draws the strap muscles and the underlying thyroid remnant to the midline. Repositioning the retractors over the carotid artery and completion of the blunt dissection permit the thyroid lobe and tracheoesophageal groove to become apparent behind the sternothyroid muscle (Fig. 2).

Following this "retrograde access" surgical technique, the surgeon can complete the thyroidectomy, dissecting in a "virgin," free of adhesions, anatomic area.

REFERENCES

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2. Harness JK, Fung L, Thompson NW, et al.: Total thyroidectomy, complication and technique. *World J Surg* 10:781-785, 1986.

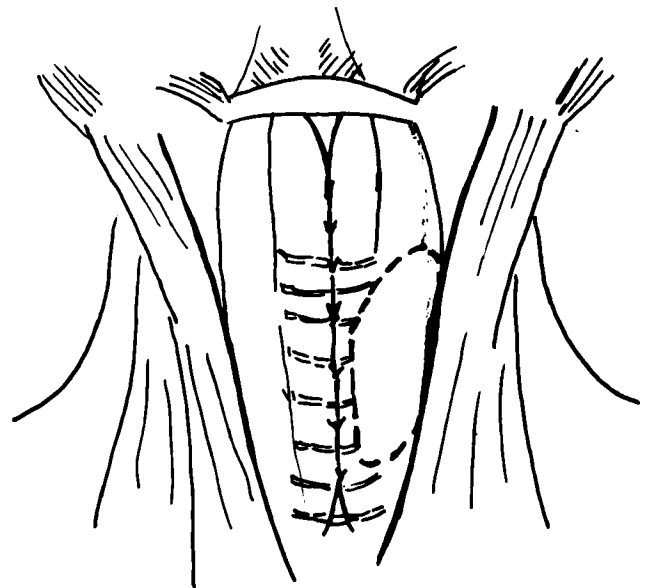


Fig. 1. Mobilization of the strap muscles from the medial borders of the sternocleidomastoid.

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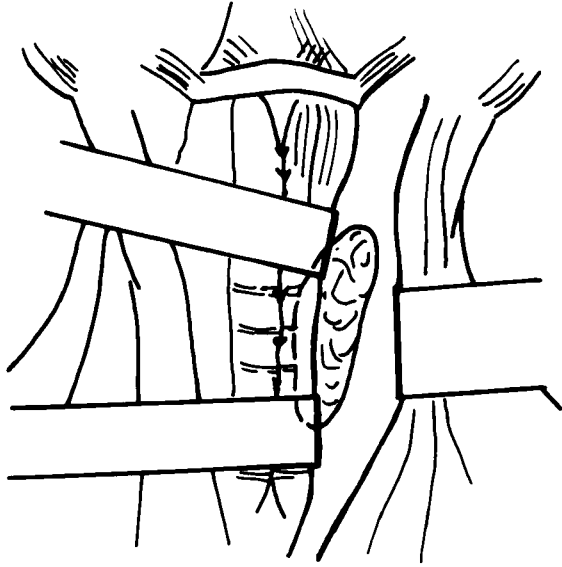


Fig. 2. With the sternocleidomastoid drawn laterally and the strap muscles drawn contralaterally, the thyroid lobe and the tracheo-esophageal groove become apparent.